



**2022 SENECA FALLS RECREATION & PARKS  
HALLOWEEN WALK IN THE PARK**

**PLEASE PRINT!**

**CHILD/PARTICIPANT INFO**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**ANY & ALL PARENT/GUARDIANS ATTENDING**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**LIABILITY WAIVER**

I, the undersigned, agree to participate or let my child participate in the Seneca Falls Recreation & Parks Commission program indicated above. I understand and agree that the SENECA FALLS RECREATION & PARKS COMMISSION, its DIRECTORS, MANAGERS, COACHES, TOWN of SENECA FALLS OFFICIALS and OTHER ORGANIZERS shall in no way be held liable for any injury received at any meeting of the above-named program.

I do, hereby, assume all NORMAL risks and hazards incidental to the conduct of the above-named program. I further release, absolve, indemnify and hold blameless the SENECA FALLS RECREATION & PARKS COMMISSION or any of the personnel appointed by that COMMISSION or the TOWN OF SENECA FALLS.

**PARENT/GUARDIAN**

**DATE**

**DELIVER OR MAIL COMPLETED FORM TO:  
SENECA FALLS COMMUNITY CENTER, 35 WATER ST., SENECA FALLS, NY 13148**

**FOR MORE INFORMATION, CALL US AT 315-568-6933  
VISIT OUR WEBSITE AT [WWW.SENECAFALLS.COM](http://WWW.SENECAFALLS.COM)  
CHECK US OUT ON FACEBOOK "Seneca Falls Recreation"**